

A PEOPLES' ARMY IN THE FIGHT AGAINST MENTAL ILLNESS

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Mental Health Association of Delaware

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by

MIKE GORMAN, Washington, D. C.

Executive Director, NATIONAL COMMITTEE AGAINST MENTAL ILLNESS

As part of its massive six-year study of the problem of mental illness in this country, the Joint Commission on Mental Illness and Health became aware early in its deliberations that it had no solid information on how Americans evaluated their mental health and what they did if they felt troubled.

The Commission therefore asked the University of Michigan's Survey Research Center to poll a sampling of Americans to find some answers to these fundamental questions.

Nearly one in four persons interviewed admitted that he had had a serious personal problem in which professional help would have been useful. However, only one in seven actually sought such assistance.

Where did they go for help? 42% consulted clergymen; 29% their family physicians; 18% psychiatrists and psychologists, and 10% social agencies or marriage clinics.

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As a corollary to the aforementioned study, the Joint Commission assembled data nationally -- the first time this has been attempted -- on the supply of basic health, welfare and psychiatric resources in the 3,103 counties in the United States. As you can probably surmise, only a small percentage of the counties had the necessary health and psychiatric resources to meet the needs of people in trouble.

The Commission monograph, "Community Resources in Mental Health", notes that "local community leaders are hungry for advice and help on what to do and how to do it. This interest runs all the way from how to conduct local studies to advice on what kinds of mental health service and programs to establish. . . But too many communities are left on their own to work out programs as best they can. They cannot move ahead intelligently without professional help. Initiative must be taken most logically by the states to provide consultation in depth for local community planning."

The Commission's special study of psychiatric resources in the schools comes to similar conclusions. The demand is great -- one out of every ten children needs special educational or psychological services. However, outside of a few of the wealthier city school districts in this country, the professional personnel to provide these services is non-existent. Furthermore, training programs designed to equip school teachers with diagnostic and referral skills are very few in number.

On the basis of these findings and a special, comprehensive study of the availability of psychiatric personnel in this country, the Joint Commission came to this forthright conclusion:

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"The Joint Commission made an intensive study of the demand for, and supply of, mental health professional manpower - particularly psychiatrists, psychologists, psychiatric nurses and psychiatric social workers. . . . Our manpower study concluded, with frank pessimism, that sufficient professional personnel to eliminate the glaring deficiencies in our care of mental patients will never become available if the present population trend continues without a commensurate increase in the recruitment and training of mental health manpower. The only possibilities for changing this negative outlook would require a great change in our social attitudes, and a consequent massive national effort in all areas of education, including large increases in the number of mental health personnel. . . ."

However, it is most useful to know the extent and dimensions of a problem, and the various studies of the Joint Commission clearly point the way to a number of solutions.

First of all, the Commission notes the need for a "national manpower recruitment and training program, expanding on and extending present efforts and seeking to stimulate the interest of American youth in mental health work as a career."

In this recruitment effort, we have the advantage of a great mass of material which indicates that a large percentage of career decisions are already made by the time a student graduates from high school. For example, recent studies made in several medical schools indicated that well over 80% of their students chose a medical career by their seventeenth year.

In that connection, the work of the National Health Council in distributing more than 100,000 copies of its Health Careers Guidebook in the nation's 30,000 high schools is to be commended. Furthermore, the concentration of the National Association for Mental Health on careers in mental health is another important step in the right direction.

While we must devote a great deal of effort to recruitment and training programs designed to increase the supply of professional psychiatric manpower, it is sheer folly to think that this will even begin to meet the increasingly sophisticated demand for psychiatric care at all levels in our communities.

Recognizing this fact the Joint Commission, with its psychiatric and medical members in full accord, recommended the short-term training of a whole host of non-medical personnel capable of helping the mentally ill -- clergymen, teachers, probation officers, public health nurses, public welfare workers, scoutmasters, county farm agents, etc.

As an example of this use of non-medical personnel, the Commission cites the use of educateurs in France in the care of emotionally disturbed or mal-adjusted children.

The educateur is a combination of therapist and teacher and has been described as a trained substitute parent. He is given two years of training providing him with some of the skills of the psychologist, social worker and special teacher.

Dr. Nicholas Hobbs, who has studied the role of the educateur in France, notes the healthy tendency to "choose among people rather than professions" in outlining the qualifications of those handling various gradations of emotional disturbance.

Fundamentally, the use of these trained, non-medical workers demonstrates a deeply held conviction that mental illness is not something horribly alien, requiring that its victims be rushed off to an institution in the country.

The very fact that many people with serious emotional problems can feel free to try and solve them within the limits of the community is evidence that we in America are overcoming our cruel rejection of them. In England and the Netherlands, for example, where most mental illness is treated on a home visit, general hospital or community mental health center basis, there is a much more realistic appreciation of the thin dividing line between those who break under stress and those who manage to handle it.

The healthy growth of volunteer programs in this country is evidence that we are beginning to tear down the walls. The students at Harvard and other universities in the Boston area who have worked on the back wards of Metropolitan State Hospital have shown the effectiveness of human kindness in breaking down the horror and isolation of mental illness.

There has been no gilding of the lily in this program. J. Lawrence Dohan, the Harvard student who sparked the volunteer program, introduced several hundred of his fellow students to the back wards of Metropolitan State with these unvarnished words:

"You are about to see the most shameful, the most wasteful thing in the country today. People who are sick and miserable just left to vegetate. Partly, no one knows what to do for them. Mostly nobody is even trying. They lie on the floor or they sit. They don't do much else. Most of them don't even have shoes to wear, and many haven't been outdoors in years. Maybe it's not too late for some of them. Maybe we can help. But remember this: They are human beings, just like you and me. They have their hopes, aspirations, their fears. They're not monsters. They have their problems, just as you and I have, only theirs are magnified.

"You'll see them now. You'll smell the foul air they must breathe all day. You'll see the rotten chairs they use and the rags they wear. As citizens of this country, I want you to know that I hold each of you personally responsible for this thing."

The dividends from this type of courageous participation have been enormous.

Over and above improving conditions on the back wards, the volunteers took an active interest in placing patients ready for discharge to the community -- they met the patient's family, investigated job possibilities and continued to visit the patients after their release. Recently the group opened a halfway house to help the patients make the difficult transition from the hospital to independent community life.

One woman, on the same chronic ward for five years, caught the whole impact of the program in this simple statement to a volunteer who had worked closely with her over the years:

"What you did for me was to treat me like a human being. Like someone you wanted for a friend and could like. What you did for me is too much to explain."

I am happy to note that six organizations have combined in Delaware to appraise the quality and adequacy of Delaware's mental health services.

In your deliberations, I hope you will use the "Suggestions for a Community Mental Health Survey" developed by the Joint Commission. Approximately 4,000 copies of this suggested survey have been printed and it has already been of great help in analyzing the resources available in each community.

As you progress with this survey, I hope you will not concentrate too narrowly upon existing institutions and existing professional manpower.

There are tremendous untapped resources in Delaware -- in the home, the churches, the schools, the offices of the family physicians and in many social and welfare agencies.

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May I remind you that in the last analysis the state mental hospital is a monument to failure -- the failure of the community to provide the necessary conditions for stable emotional living.

In undertaking the survey, you have an enviable task in charting a new day for the mentally ill in Delaware.

By so doing, you will also add a great deal to the stature and meaning of the work of every citizen who lives in this state.